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SUBJECT: SOMALIA DART SITUATION REPORT 3 - HEALTH
UPDATE

REF: NAIROBI 00206

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SUMMARY

¶1. The November-December floods raised concern that Somalia would see an increase in cases of water-borne diseases, malaria, and respiratory infections. Additionally, recent outbreaks of cholera and Rift Valley fever (RVF) have prompted Somalia health sector agencies to coordinate response plans for a difficult operating environment with limited access to vulnerable regions, particularly southern Somalia. End Summary.

BACKGROUND

¶2. The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that there are currently as many as 1.8 million vulnerable Somalis. The USG Disaster Assistance Response Team (DART) is monitoring the impact of recent flooding and conflict on this population. This cable is an update on current and emerging health care concerns in Somalia.

¶3. According to the 2007 UN Consolidated Appeals Process (CAP) for Somalia, there are only 39 trained doctors per one million people in Somalia, and the doctors are unevenly distributed throughout the country, largely concentrated in major cities. There are as few as 141 qualified midwives, a contributing factor to the high rates of infant and child mortality, and the lack of certified and credentialed health workers as well as literate Somalis to train in medical

skills remains a challenge. Since the collapse of formal government health care services in the early 1990's, health care activities in south and central Somalia have been implemented by a variety of international and local non-governmental organizations (NGOs), UN agencies, and international organizations.

¶4. The Somali Support Secretariat (SSS), formerly functioning as the Somalia Aid Coordination Body (SACB), coordinates agencies operational in the health sector in Somalia, and supports the burgeoning ministries of health in Somaliland and the semi-autonomous region of Puntland. The SSS also spearheaded the formation of health care policies and treatment guidelines as well as leading various working groups and task forces that monitor, assess, and oversee health related issues.

¶5. With the formation of the UN "cluster system" to enhance coordination, program quality, and accountability, the UN World Health Organization (WHO) has been designated as the lead agency for the health sector. WHO is currently expanding its in-country capacity to assist with acute health care interventions. WHO assists health facilities by providing supplies and equipment for hospitals and coordinates the implementation of the health information, disease surveillance, and communicable disease response initiatives.

¶6. The UN Children's Fund (UNICEF) is the lead agency for primary health care and nutrition support services including assistance to NGOs implementing community-based health care, maternal and child health clinics, reproductive health initiatives, and supplementary and therapeutic feeding programs. WHO and UNICEF both

facilitate vaccination services.

¶7. The International Committee of the Red Cross (ICRC) is a strong agency in the Somalia health care sector that provides assistance to war-wounded, casualties of conflict, internally displaced persons (IDPs), and responds to large-scale communicable disease outbreaks such as cholera.

RESPONSE TO FLOODS AND CONFLICT

¶8. The recent November-December floods raised concern that Somalia would see an increase in cases of water-borne diseases, malaria, and respiratory infections. While reports provided by WHO indicate a decrease in the number of cases of malaria, kala-azar, and measles over the past two months, most agencies agree that the apparent reduction is actually due to limited surveillance and reporting as well as a drop in client attendance at health facilities during the height of the floods.

¶9. In early January, health facilities in Lower Juba Region started reporting increased numbers of malaria cases, according to WHO. In anticipation of increased incidence of malaria due to heavy rains, WHO and UNICEF, along with implementing partners, distributed 100,000 insecticide-treated mosquito nets, to vulnerable populations in the flood planes and riverine areas in Juba and Shabelle regions over the past several months.

¶10. WHO supports 12 mobile health teams to deliver basic health care to IDPs and residents cut off from routine health services due to floods and conflict in the south and central regions. However, the conflict between the Council of Islamic Courts (CIC) and the Transitional Federal Government (TFG) have disrupted

mobile health services in Lower and Middle Juba regions since early January. WHO anticipates the teams will recommence medical services the week of January 15. WHO is currently exploring options to expand the number of mobile health clinics to areas of south and central Somalia, which have few functioning health facilities, especially in the Lower and Middle Juba regions.

¶11. WHO facilitates the local purchase of medicine and supplies to fill gaps and maintain buffer stocks in Wajid and Mogadishu. WHO, UNICEF, ICRC, and Medecins Sans Frontieres (MSF) support hospitals and clinics in south and central regions and all report having adequate supplies and staff, according to WHO's recent assessment of medical and surgical stocks. ICRC, UNICEF, and WHO are waiting for airlift services to resume and the Kenya-Somalia border to re-open to allow overland transit to restock storage facilities in Mogadishu, Wajid, Kismayo, Belet Weyne, and Galkayo with essential drugs, health kits, and supplies that have been depleted.

¶12. WHO has commenced operation of a Health Emergency Operations Center in Nairobi, and is supporting an emergency coordinator, communications officer, logistician, information officer, public health officer, epidemiologist, and security officer. The staff will coordinate with OCHA as well as key UNICEF staff to ensure all ongoing health services and emerging health crises are adequately addressed.

CHOLERA

¶13. In late December, WHO confirmed cholera in Kismayo District, Lower Juba Region, followed by an outbreak in Jilib District, Middle Juba Region. According to WHO, both outbreaks are under control. A total of 90 cases were treated at Kismayo Hospital with three deaths reported. In Jilib, 120 cases were reported with three deaths. WHO reports that both cholera treatment facilities were closed the week of January 8, and that both outbreaks have been contained. Health agencies operational in these districts (Muslim Aid and MSF-Holland) attribute the outbreak to contaminated water sources and sanitation facilities destroyed by the recent flooding. It is unusual for cholera to appear during the rainy season in Somalia (although it is endemic in the country).

¶14. On January 14, WHO reported an outbreak of cholera (yet to be confirmed by biological test, but symptoms are consistent with cholera) in Belet Weyne town, Hiraan Region. WHO is sending cholera treatment supplies, and the NGO International Medical Corps (IMC) is coordinating specimen collection for testing and plans to open a cholera treatment facility in Belet Weyne town. MSF-Swiss, Save the Children-UK, and local NGOs are also assisting in the region's cholera response. A task force has been formed to organize community mobilization, health education on cholera prevention, early treatment, logistics, and chlorination of water points.

¶15. WHO also reported 23 cases of suspected cholera in northwestern Somaliland as well as in Saylac area bordering Djibouti. UNICEF and WHO are sending supplies and a joint response team to further investigate.

CONFLICT CASUALTIES

¶16. WHO and ICRC are tracking the number of injured seeking care at major hospitals in conflict areas as well as monitoring the number of tetanus cases, which

are associated with trauma and combat injuries. WHO, the ICRC, and MSF are the main health agencies providing casualty assistance to 11 hospitals throughout south and central Somalia by providing medicine, health kits, surgical supplies, as well as technical and logistical staff.

¶17. According to WHO, more than 1,000 conflict-related fatalities have been reported to date, mostly occurring between Mogadishu and Baidoa. The ICRC reports approximately 800 people have been wounded in conflict, although local reports suggest the number of wounded to be between 2,500 and 3,000 people. The major problems are reportedly bullet wounds, fractures, and post-trauma complications such as sepsis and osteomyelitis.

¶18. As of January 11, WHO reports that approximately 120 war-wounded remain in area hospitals, mostly in Baidoa and Galkayo. Accurate estimates of the total number of casualties from the ongoing fighting in the southern Ras Kamboni area are unavailable, although the fighting is reportedly fierce.

RIFT VALLEY FEVER

¶19. With the recent outbreak of RVF in northern Kenya, it was inevitable that the disease would surface in Somalia. According to the UN Food and Agriculture Organization (FAO), the UN cluster lead for livestock and agriculture, reports of abortions in animals, which is a strong indicator of the presence of RVF in the animal population, were received from Afmadow District in Lower Juba Region the first week of January. WHO received unconfirmed reports that seven people died of possible RVF in Afmadow District and one person was admitted to Kismayo Hospital on January 11, with symptoms similar to RVF and died a short time later.

¶20. The week of January 8, WHO convened an emergency meeting of all operational health and veterinary agencies in Kismayo to monitor the situation and distribute health education materials. However, increased insecurity limited NGO staff movement, although, as of January 14, WHO reports improved access in the region. WHO has also assembled an outbreak response team to investigate the reports and collect the samples for confirmation. However, the flight scheduled to transport the team to Kismayo on January 10, was canceled due to military activity in the region. WHO is now arranging for biological samples to be sent to Kenya for testing using local polio testing networks. WHO and FAO have provided personal protective equipment to health facilities in the region as well as to teams collecting animal and human samples.

¶21. On January 14, WHO received reports from Bardera town, Gedo Region, that one person died with symptoms suggestive of RVF. The patient was from Barowdindle, a village about 35 km from Bardera. Three additional suspected cases have been reported in Baraka village outside Bardera municipality. These are the first reported cases outside of Lower Juba Region. FAO has received reports that up to 80 percent of small ruminants in Bardera District are aborting.

¶22. FAO and WHO are expanding health education and prevention activities to Gedo Region. WHO and FAO have provided personal protective equipment to health facilities in both regions as well as to teams collecting animal and human samples. Radio networks, including BBC Somalia, are broadcasting health education messages on RVF, and clergy and local leaders in all flood-affected regions are also providing

information to communities with high risk. UNICEF and WHO have mobilized vaccination staff to engage in surveillance and support prevention education campaigns for RVF as well as record and forward field reports of animal abortions to FAO.

CONCLUSIONS

¶23. Recent events in Somalia have not led to any significant changes to the humanitarian priorities identified in the 2007 CAP (REFTEL); the number of beneficiaries and critical needs by sector remain unchanged. Internal displacement as a result of recent conflict was small-scale, localized, and short lived. Interventions calling for non-food items, increasing national and international staff, and purchase of medical and trauma supplies are planned in the recent UN appeals for Somalia. New and ongoing interventions

in the health sector will focus on flood and drought recovery and respond to emerging health crises such as RVF.

¶24. Coordination among health and livestock sectors is impressive, with multiple agencies communicating through established networks, sharing resources and staff, and establishing and implementing multi-agency response plans to meet humanitarian health needs in Somalia. While most coordination occurs in Nairobi, on the ground communication and networking is also taking place.

¶25. The DART will continue to monitor the health impacts of the recent fighting and work with OCHA, WHO, UNICEF, FAO, ICRC, and current USAID health sector partners to report on the status of the suspected RVF and other emerging health problems. Support to the health sector remains a priority for all humanitarian stakeholders in Somalia, in particular because an already impoverished and vulnerable population has little or no resilience left after repeated shocks.

RANNEBERGER